

REMARKS

Reconsideration of the above-captioned application is requested.

Claims 1 and 5 have been amended to provide a clear structural distinction between the presently claimed invention and that of Dye et al. As has been previously pointed out, the presently claimed invention is directed to a retrograde cannula for delivering fluid to a patient's vessel, whereas Dye et al. relates to a drainage catheter which is not intended to deliver fluid to a patient.

Because of the different function of the Dye et al. drainage catheter, Dye et al. does not want fluid in the infusion lumen to be able to enter the balloon 30.

In contrast, applicant intends for fluid from the infusion lumen to inflate the balloon. Accordingly, in the present invention, the passage arrangement that fluidly communicates balloon constitutes the sole means of delivering inflation fluid to the balloon. In contrast, the only way of delivering inflation fluid to the balloon in each of the embodiments of Dye et al. (except for the Fig. 5 embodiment) is by a separate lumen 32 and an opening 38. Accordingly, claims 1 and 5 distinguish patentably over those embodiments.

As regards the Fig. 5 embodiment of Dye et al., fluid from the infusion lumen can enter the balloon, but only because a one-way valve 70 closes the drainage opening 24 of the fusion lumen in a manner preventing fluid from exiting the lumen. As a result, the Fig. 5 embodiment is clearly incapable of functioning as an infusion cannula. Therefore, claims 1 and 5 distinguish patentably over the Fig. 5 embodiment. (See also dependent claims 18 and 19 reciting that the lumen outlet is non-valved.) Therefore, claims 1 and 5 distinguish over the Fig. 5 embodiment.

It is submitted that claims 1 and 5 are generic to all disclosed embodiments of the invention, so allowance of all claims, including those withdrawn from consideration, is requested.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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By: 

Alan E. Kopecki
Registration No. 25,813

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620